

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-872)

SERIAL NO.
111889861A

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	3				/	
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TOTAL IND.		8	1	8	2	1
TOTAL DEP.		7	1	7	24	1
TOTAL CLAIMS		15	1	15	26	1

NO.	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		8	1	8	2	1
TOTAL DEP.		7	1	7	24	1
TOTAL CLAIMS		15	1	15	26	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS